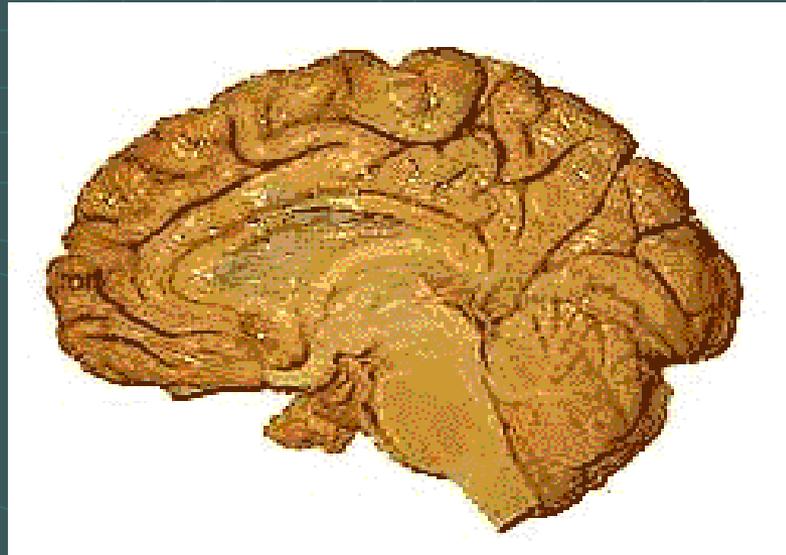


# Non-Opioid Treatments to Support Opioid Recovery



Craig Strickland, PhD

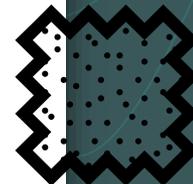
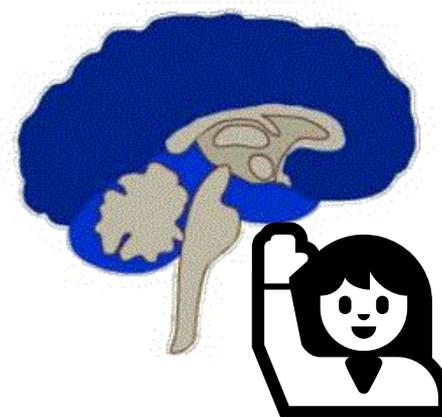
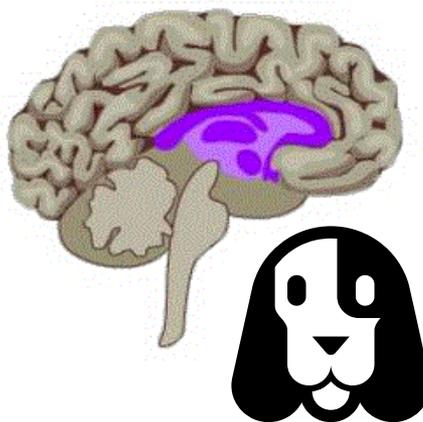
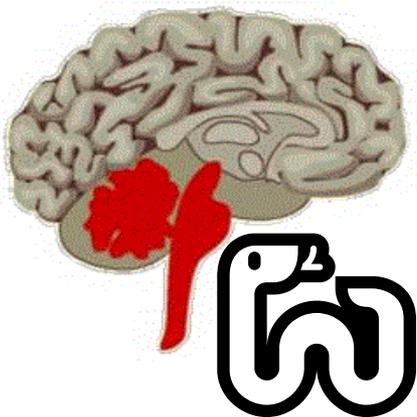
<http://sites.google.com/site/bioedcon>

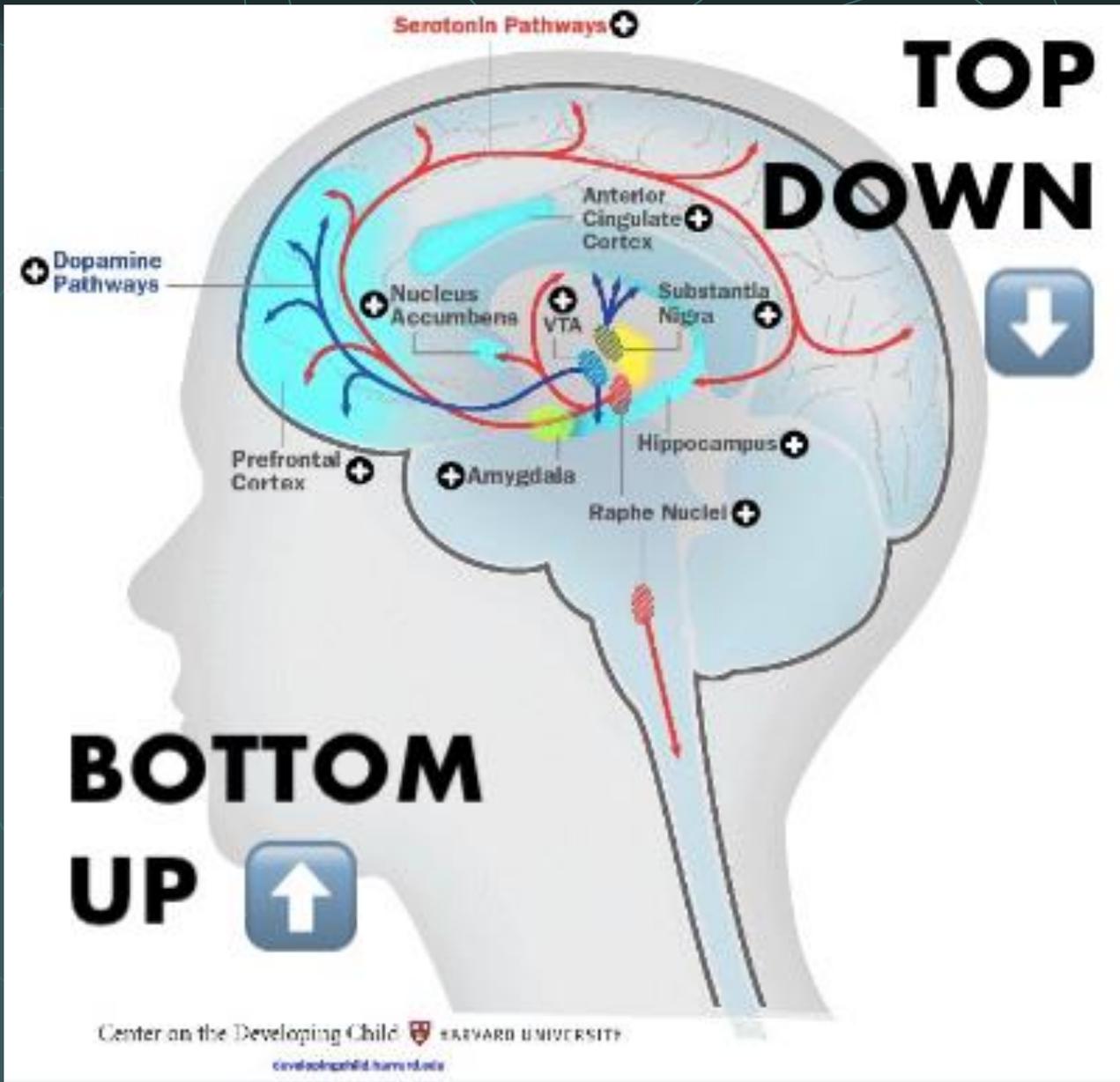
(Thank you to Ms. Winden Rowe, LPC  
for use of some slides)

# Triune brain theory using animals: Trauma or Addiction?

## Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes

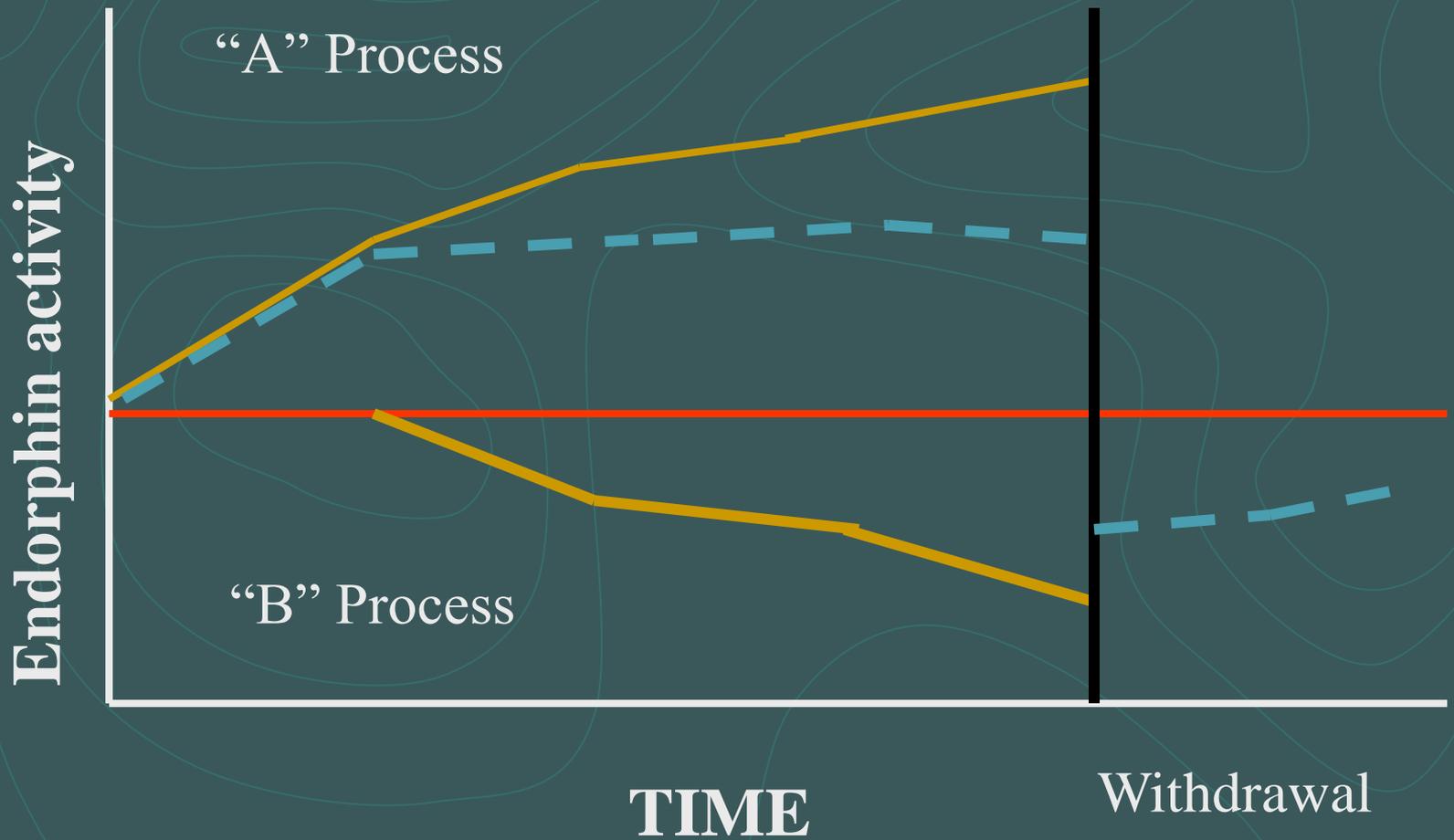




# Tolerance & Withdrawal: The “B” Process



# The "B" Process & tolerance/withdrawal



# Opioid agonist Withdrawal

- Withdrawal Symptoms: symptoms are not life threatening but are intense
  - Restlessness, high anxiety, irritability
  - Drug craving, dysphoria, depression
  - Sweating, chills, fever, intense aches and pains
  - Retching, cramping, explosive diarrhea & vomiting
  - Increased respiration
  - Sleep disruption
- “Kicking the habit”

# Treating symptoms of opioid withdrawal and beyond



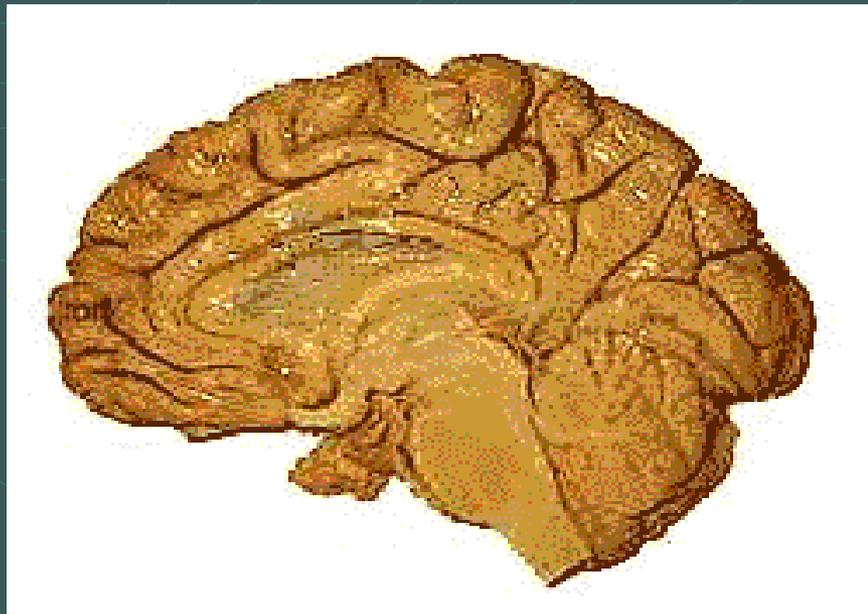
# Anxiety/Depression

- Reduce more peripheral NE (Inderal, Clonidine, etc.)
  - May help reduce severity of sympathetic nervous system-related symptoms during withdrawal (e.g. the fight or flight symptoms)
  - Does not prevent seizures
  - Mild effect on “subjective” states of anxiety
  - Does not prevent the symptoms
- Tricyclic antidepressants (TCAs)
  - Can produce sedative effect (helps with sleeping)
  - Can reduce anxiety/depression for some clients
  - Could lower seizure threshold
  - Substantial side-effect profile

## Anxiety/Depression (cont.)

- Treating anxiety with SSRIs:
  - May help with reduce impulsivity/compulsivity
  - Reduce (pre-existing) depression and anxiety; should start early in treatment (SSRIs may take several weeks to start being effective)
  - “Safer” than TCAs when used with substances of abuse
  - Downside:
    - Can produce transient but immediate anxiety symptoms
    - Can make GI symptoms of withdrawal worse

# Mood Disruption



# Anti-convulsant mood stabilizers

## ● carbamazepine (Tegretol)

- Provides anti-convulsant effect
- Stabilize mood
- May need to monitor WBC count
- May decrease blood level of methadone due to hepatic enzyme induction (carbamazepine does not “play well with others”)

# Anti-convulsant mood stabilizers (cont.)

## ● gabapentin (Neurontin)

- Not approved as mood stabilizer but may have this effect
- Has a GABAergic mechanism
  - May provide mild anti-anxiety effect
  - May be used in polydrug withdrawal
  - Has anti-convulsant effect
- Can reduce certain types of pain
- Not metabolized in the liver  
(fewer drug-drug interactions)
- Abuse potential

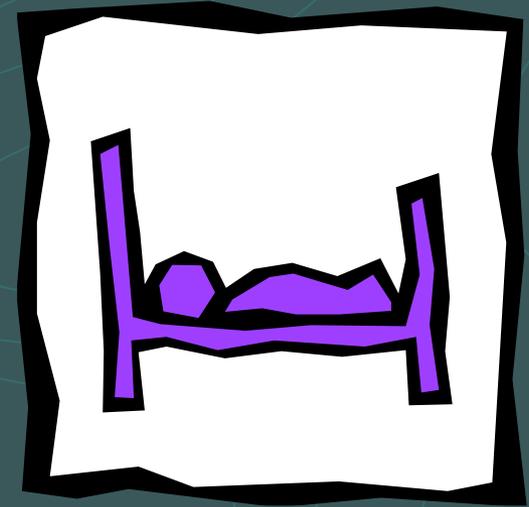


# Sleep Disorders



# Classification of Sleep Disorders: Secondary to other conditions

- Psychiatric Disorders
- Drug or alcohol use
- Psychiatric medications
- Medical disorders (e.g. respiratory; cardiac)
- Medications for medical disorders
- Pain syndromes



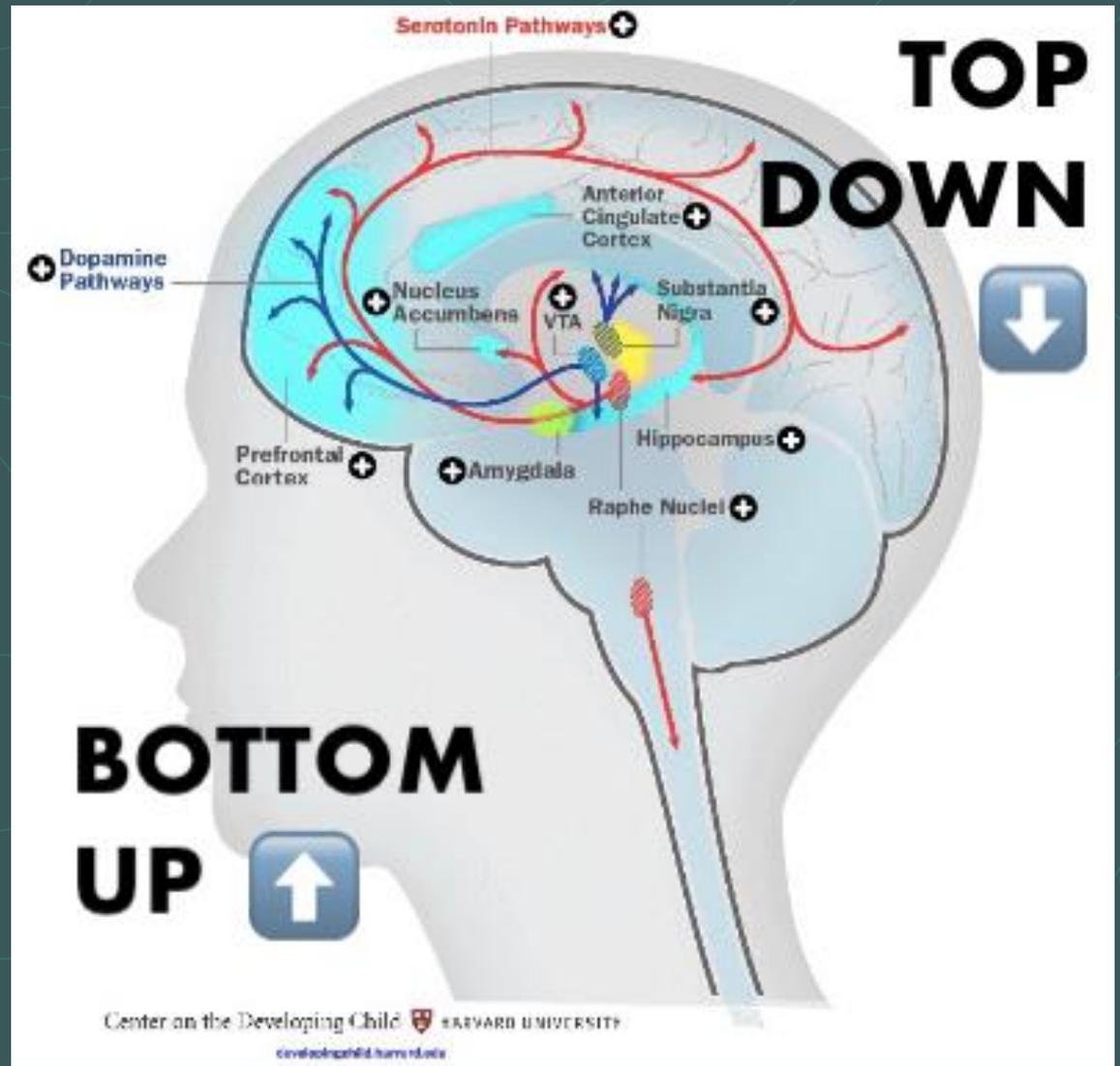
# Medications used to regulate sleep

- Ambien/Ambien CR
- Lunesta
- Sonata
- Chloral hydrate
- Hydroxyzine  
(Vistaril; Atarax)
- Rozerem
- Benzodiazepines (BZDs)
  - Restoril
  - Ativan
  - Other BZDs
- Sedating anti-depressants
- Anti-histamines
- Sedating anti-psychotics

# How do sleep aids work?

<u><i>BZDs</i></u>	<u><i>BZD-like meds.</i></u>	<u><i>Anti- histamines</i></u>	<u><i>Melatonin agonists</i></u>	<u><i>Unknown</i></u>
Restoril	Ambien	Benadryl	Rozerem	Choral Hydrate
Ativan	Sonata	Vistaril	Melatonin supplements	
Other BZDs	Lunesta	Atarax		
		Desyrel (trazodone)		

I'm back...



# STAGE 1 IMPACT OF TRAUMA/ADDICTION

- Brain stem activity - hindbrain
  - Instinctual reactions
  - Autonomic dysregulation
  - Heartrate elevates
  - Shallow breathing
  - Slowed digestive processes
  - Hypertension
  - Swallowing
  - Blood pressure



# STAGE 1 STRATEGIES AND TECHNIQUES

## AWARENESS - “REALIZATION OF A SITUATION”

- Brain stem responses - need to relearn regulation –  
CONTAINED
- Stabilization and Safety
- Yoga
- Breath work
- Pharma
- Others



## STAGE 2 STRATEGIES AND TECHNIQUES - ACCEPTANCE

- The midbrain- limbic system
- Remembrance and Mourning - less containment
- Eye Movement Desensitization & Reprocessing (EMDR)
- Guided meditation/imagery
- Timelining



## STAGE 3 IMPACT OF TRAUMA/ADDICTION

- The forebrain
  - Recalling facts and information
  - Accurate details of events
  - Recognition of time
  - Language
  - Social isolation



# STAGE 3 STRATEGIES AND TECHNIQUES- ADOPTION: “TO ACCEPT FORMALLY AND PUT INTO EFFECT”

- The forebrain
- Meaning and reconnection – open processing
  
- TFCBT
  
- Posttraumatic/addictive growth



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